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DATE: April 27, 2005

PTO IDENTIFIER: Application Number 10/008,599-Conf. #2470
Patent Number

Inventor: Dmitry Ponomarenko

MESSAGE TO: US Patent and Trademark Office, Attention: Examiner Patrick J. Lee

FAX NUMBER: (703) 872-9306

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PAGES (Including Cover Sheet): 3

CONTENTS: Petition for Extension of Time (3 months) (1 page)
Certificate of Transmission (1 page)

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OIP/E/JCWS

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PTO/SB/97 (08-04)

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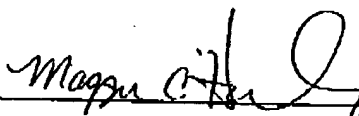
Application No. (if known): 10/008,599

Attorney Docket No.: 62961 (52398)

Certificate of Transmission under 37 CFR 1.8

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Petition for Extension of Time (3 months) (1 page)

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| | | | |
|--|--|---|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 62961(52398) | |
| Application Number 10/008,599-Conf. #2470 | | Filed December 3, 2001 | |
| For OPTICAL MULTI-GATE DEVICE AND METHOD | | | |
| Art Unit 2878 | | Examiner P. J. Lee | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|--------|------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

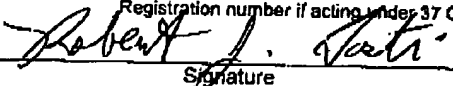
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 35,393



Signature

Robert J. Tosti

Typed or printed name

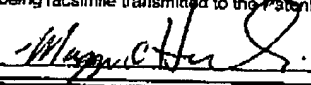
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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Dated: April 27, 2005 Signature:  (Maggie C. Hamelin)